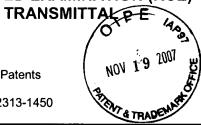
## REQUEST FOR **CONTINUED EXAMINATION (RCE)**

Address to:
Mail Stop RCE



| - |                                                     |  |  |  |  |  |  |  |  |
|---|-----------------------------------------------------|--|--|--|--|--|--|--|--|
|   | Application Number: 10/612,920 Confirmation Number: |  |  |  |  |  |  |  |  |
|   | Filing Date: July 7, 2003                           |  |  |  |  |  |  |  |  |
|   | First Named Inventor: Nathalie MOUGIN               |  |  |  |  |  |  |  |  |
|   | Group Art Unit: 1616                                |  |  |  |  |  |  |  |  |
|   | Examiner: Konata M. George                          |  |  |  |  |  |  |  |  |

| P.O. Box 1450                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |                |                  |                                          |                |           | Examiner: Konata M. George |             |                                                     |                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------|------------------|------------------------------------------|----------------|-----------|----------------------------|-------------|-----------------------------------------------------|------------------|--|
| P.O. Box 1450<br>Alexandria, VA 22313-1450                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |                |                  | Attorney Docket Number: 05725.1223-00000 |                |           |                            |             |                                                     |                  |  |
| This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |                |                  |                                          |                |           |                            |             |                                                     |                  |  |
| Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |                |                  |                                          |                |           |                            |             |                                                     |                  |  |
| 1.                                                                                                                                                                                                                                                                                                                               | Submission required under 37 C.F.R. § 1.114: Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment. |                                                                                           |                |                  |                                          |                |           |                            |             |                                                     |                  |  |
|                                                                                                                                                                                                                                                                                                                                  | a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action ma considered as a submission even if this box is not checked.                                                                                                                                                                                                             |                                                                                           |                |                  |                                          |                |           |                            |             |                                                     | action may be    |  |
|                                                                                                                                                                                                                                                                                                                                  | i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on                                                                                                                                                                                                                                                                                                                |                                                                                           |                |                  |                                          |                |           |                            |             |                                                     |                  |  |
|                                                                                                                                                                                                                                                                                                                                  | ii.                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                |                  |                                          |                |           |                            |             |                                                     |                  |  |
|                                                                                                                                                                                                                                                                                                                                  | b.                                                                                                                                                                                                                                                                                                                                                                                              | b. DO NOT ENTER the amendment(s) previously filed on An alternate submission is attached. |                |                  |                                          |                |           |                            |             |                                                     |                  |  |
|                                                                                                                                                                                                                                                                                                                                  | c.                                                                                                                                                                                                                                                                                                                                                                                              | c. 🗵 Enclosed submission:                                                                 |                |                  |                                          |                |           |                            |             |                                                     |                  |  |
|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 | i.                                                                                        | $\boxtimes$    | Amend            | ment/Reply                               |                |           | iii.                       |             | Information Disclosu                                | re Statement     |  |
|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 | ii.                                                                                       | $\boxtimes$    | Affidavi         | t/Declaration                            |                |           | iv.                        | $\boxtimes$ | Petition for Extension                              | of Time (3 mos.) |  |
| 2.                                                                                                                                                                                                                                                                                                                               | Mis                                                                                                                                                                                                                                                                                                                                                                                             | Miscellaneous                                                                             |                |                  |                                          |                |           |                            |             |                                                     |                  |  |
|                                                                                                                                                                                                                                                                                                                                  | a.<br>b.                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           | months. (Pe    | eriod of s       |                                          | all not exceed | d 3 month | is; fee under 3            |             | 7 C.F.R. § 1.103(c) for a<br>. § 1.17(i) required.) | period of        |  |
| 3.                                                                                                                                                                                                                                                                                                                               | Fee                                                                                                                                                                                                                                                                                                                                                                                             | es                                                                                        |                |                  |                                          |                | 1         |                            |             |                                                     |                  |  |
|                                                                                                                                                                                                                                                                                                                                  | a.                                                                                                                                                                                                                                                                                                                                                                                              | $\boxtimes$                                                                               |                |                  |                                          |                |           |                            |             |                                                     |                  |  |
|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 | i.                                                                                        | $\boxtimes$    | \$ <u>810.00</u> | RCE fee req                              | uired under (  | 37 C.F.R. | § 1.17(e)                  |             |                                                     |                  |  |
|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 | ii.                                                                                       | $\boxtimes$    | Petition         | for extension                            | of time for (3 | 3 Months) | \$ <u>1,050.00</u>         |             |                                                     |                  |  |
|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 | iii.                                                                                      |                | Other _          |                                          |                |           |                            |             |                                                     |                  |  |
|                                                                                                                                                                                                                                                                                                                                  | b.                                                                                                                                                                                                                                                                                                                                                                                              | $\boxtimes$                                                                               | A fee of \$1,8 | <u>860.00</u> is | enclosed.                                |                |           |                            |             |                                                     |                  |  |
|                                                                                                                                                                                                                                                                                                                                  | c. 🛛 The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account 06-0916.                                                                                                                                                                                                                                                       |                                                                                           |                |                  |                                          |                |           |                            |             |                                                     |                  |  |
|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 | _                                                                                         |                |                  | Signature                                | of Applica     | nt, Attor | ney, or Age                | nt Requ     | uired                                               |                  |  |
| Nar                                                                                                                                                                                                                                                                                                                              | Name: Deborah M. Herzfeld (202) 408-4368 Reg. No.: 52,211 11/20/2007 MAHMED1 00000021 10612920                                                                                                                                                                                                                                                                                                  |                                                                                           |                |                  |                                          |                |           |                            |             |                                                     |                  |  |
| Sigi                                                                                                                                                                                                                                                                                                                             | Signature: October 19, 2007 810.00 Op                                                                                                                                                                                                                                                                                                                                                           |                                                                                           |                |                  |                                          |                |           |                            |             |                                                     |                  |  |
| Certificate of Mailing or Transmission                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |                |                  |                                          |                |           |                            |             |                                                     |                  |  |
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, MAIL STOP RCE, P.O. Box 1450, Alexandria, VA. 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on: [Date]  Name: [Text] |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |                |                  |                                          |                |           |                            |             |                                                     |                  |  |
|                                                                                                                                                                                                                                                                                                                                  | ature:                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           |                |                  |                                          |                | Da        | Date:                      |             |                                                     |                  |  |
| -                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |                |                  |                                          |                |           |                            |             |                                                     |                  |  |